

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 78

Registered No. 235

1. PLACE OF BIRTH

County Gila

State Arizona

Township Miami

Village Chiloblanco

City Miami

No. 728

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Ward St.

2. Full name of child Baby de Leon

If child is not yet named, make supplemental report, as directed

3. Sex Female

If plural births

4. Twin, triplet, or other

6. Premature Yes

7. Legitimate Yes

8. Date of birth Nov 8

19 32

9. Full name

FATHER

Marcus O. de Leon

18. Full maiden name

MOTHER

Esperanza Montoya

10. Residence (usual place of abode) (If nonresident, give place and State)

Miami

19. Residence (usual place of abode) (If nonresident, give place and State)

Miami

11. Color or race Hispanic

12. Age at last birthday 25 (Years)

20. Color or race Hispanic

21. Age at last birthday 19 (Years)

13. Birthplace (city or place)

El Paso

(State or country)

Texas

22. Birthplace (city or place)

Maseco

(State or country)

Arizona

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Mill Man

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

H. W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Copper Co.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

1931

17. Total time (years) spent in this work

5

25. Date (month and year) last engaged in this work

19

26. Total time (years) spent in this work

1

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

28. If stillborn, period of gestation

months or weeks

29. Cause of stillbirth

Before labor

During labor

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 H. on the date above stated

(Born alive or stillborn)

on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed)

Charles E. Dorn, M.D.

or

Miami Arizona

Address

Filed Nov 15, 19 32

C. E. Dorn

Registrar

Registrar

Given name added from a supplemental report

045-1108-541

(Date of)

Child died 2 hours after Birth.